GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:1321
ANSWERED ON:10.12.2003
FUNDS FOR POPULATION CONTROL
NARESH KUMAR PUGLIA

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the United Nations Population Fund has sanctioned certain amount for control of population in the country, as reported in the `Navbharat Times` dated August 14, 2003;

(b) if so, the details thereof;

(c) the details of States and districts identified for utilizing the said amount; and

(d) the criteria fixed for identifying States and districts in this regard?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA)

(a): Yes, Sir.

(b), (c) & (d): The details are as at Annexure.-I.

ANNEXURE - I

Details on the UNFPAsupported 6th Country Programme with reference to parts (b), (c) and (d) of Lok Sabha Unstarred Question No.1321 for 10th December, 2003

The UNFPA has been assisting the Govt. of India in their national effort on population stabilization since 1974 through its five-year programmes known as the UNFPA Country Programmes.So far, five such Country Programmes have been implemented.The last Country Programme (CP-5) (1997-2002) ended in December, 2002.Under this programme activities related to three sub-programme components viz. (i) Reproductive Health; (ii) Population and Development Strategies; and(iii) Advocacy were taken up for implementation. Apart from continuing these activities, the Sixth Country Programme (C.P.6) has included four complementary interventions, namely, (i) HIV/AIDS; (ii) Adolescent Health; (iii) Gender Issues; and (iv) Monitoring through Result Based Programming. CP-6 is to be implemented at national and State levels at a cost of Rs.365.00 crores for the period 2003-2007.

2. The programme implementation at State level includes 32 districts of 5 States namely Rajasthan, Madhya Pradesh, Orissa, Maharashtra and Gujarat. In Kerala, only State level activities are being undertaken. The 32 districts State-wise are as under: -

(1) Rajasthan (8 districts) Sawai Madhopur, Karauli, Chittaurgarh, Bhilwara, Udaipur, Alwar, Bharatpur and Rajsamand.

(2) Madhya Pradesh (5 districts) Satna, Rewa, Siddhi, Panna and Chhatarpur

(3) Orissa (4 districts) Koraput, Rayagada, Malkangiri and Nabrangpur

(4) Maharashtra

Five Municipal Corporations (Urban) Thane, Pune, Kalyan, Bhiwandi & Ulhasnagar
Five Districts (Rural) Thane, Nandurbar, Gadchiroli, Dhule and Chandrapur.

(5) Gujarat (5 districts) Banaskantha, Sabarkantha, Dahod, Surendra-nagar and Kutch

(6) Kerala (no specific district focus - programme being implemented at State level)

3. While the State/District level programmes are being implemented by the respective State Health and Family Welfare Departments, the national level programme is being implemented mainly through the Department of Family Welfare, Ministry of Health and Family Welfare with inter-sectoral coordination from the other Departments of Government of India namely, Ministry of Youth Affairs and Sports, Department of Secondary and Higher Education, Department of Women and Child Development and Department of Rural Development. There is a strong monitoring mechanism through a Steering Committee under the Chairmanship of Secretary(Family Welfare), Ministry of Health and Family Welfare at national level and Review Committees at the State levels.

4. As regards criteria adopted for identifying States and Districts under the programmes, it is the socio-demographic indicators as adopted for the 5th Country Programme, since CP-6 is in continuation of CP-5. The five socio-demographic indicators adopted in CP-5 for selection of districts are (i) age at marriage, (ii) sex ratio, (iii) female literacy rate, (iv) infant mortality rate and (v) total fertility rate. The three States namely, Rajasthan, Orissa and Madhya Pradesh have the lowest socio-demographic indicators in the country. Besides, the other three States, namely, Gujarat, Maharashtra and Kerala have gender inequities, unmet needs, incidences of rising HIV/AIDS prevalence in tribal groups and urban slums.